

4117

| | |
|---|---|
| Dilks & Knopik, LLC 35308 SE Center Street Snoqualmie, WA 98065 Ph. 425-836-5728 Fx. 877-209-8249 | FOR COURT USE ONLY <div style="border: 1px solid black; padding: 5px; text-align: center;">FILED JAN 19 2017 CLERK U.S. BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA BY: Deputy Clerk</div> |
| UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA | CASE NUMBER: 2:14-16251- RK RK |
| In Re: Coastal Brokerage Company of Southern California Debtor. | HEARING DATE: TIME: PLACE: |

MOTION FOR ORDER RELEASING UNCLAIMED FUNDS

I, under penalty of perjury under the laws of the United States of America declare (or certify, verify, or state) that the following statements and information are true and correct:

1. I request an order releasing the total amount of \$13,939.59 which is the sum of all monies deposited with the court on the following date(s) 12/16/2016 on behalf of the debtor Coastal Brokerage Company of Southern on claim number(s) N/A - debtor refund.
2. Please check and complete the applicable subparagraph(s) below:
 - ☐ a. I am the creditor named in paragraph 1.
 - ☐ b. I am an employee of the creditor named in paragraph 1 and my title is _____. The creditor is still legally entitled to the monies and I am authorized by the creditor to this petition. Submit evidence establishing authority to act on behalf of creditor.
 - ☒ c. I am the debtor and have appointed Dilks & Knopik, LLC as my lawful attorney-in-fact who is duly authorized by the attached original power of attorney to file this motion.
 - ☐ d. Subparagraphs a, b, and c above do not apply, but I am entitled to payment of such monies because (submit evidence establishing basis for right to obtain payment).

(continued on next page)

Motion for Order Releasing Unclaimed Funds – Page 2

| | |
|---|---|
| In Re: Coastal Brokerage Company of Southern California Debtor. | CHAPTER 7 CASE NUMBER: 2:14-16251-RN |
|---|---|

3. Please complete each of the following subparagraphs:

a. The following is the debtor's address and phone number:

Leonard J. Mascari, successor in interest to Coastal Brokerage Company of Southern California
PO Box 190
Kailua Kona, HI 96745-0190
(808) 345-3887

b. And a brief history of the creditor (from the filing of the claim to the present) which includes, if applicable, identification of any sale of the company and the new and prior owner(s). Submit evidence establishing the sale of the company from the prior to the new owner(s):

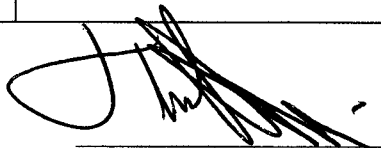
Dividends were not collected by the debtor, Coastal Brokerage Company of Southern. Coastal
Brokerage Company of Southern California is no longer an active company. Leonard J Mascari is the
sole owner of Coastal Brokerage Company of Southern California, as evidenced by Exhibit A and B.

4. I understand that, pursuant to 18 U.S.C. Section 152, I shall be fined not more than \$5,000.00, or imprisoned not more than five years, or both, if I have knowingly or fraudulently made any false statements in this document.

(continued on next page)

Motion for Order Releasing Unclaimed Funds – Page 3

| | |
|--|---|
| In Re: Coastal Brokerage Company of Southern California Debtor. | CHAPTER 7 CASE NUMBER: 2:14-16251-RN |
|--|---|



Creditor

Leonard J. Mascari, successor in interest to Coastal
Brokerage Company of Southern California
Type or Print Creditor's Name

PO Box 190
Creditor's Address

Kailua Kona, HI 96745-0190

(808) 345-3887

STATE OF Hawaii, COUNTY OF Hawaii

On January 4, 2017 before me, personally appeared (insert name of the signer)

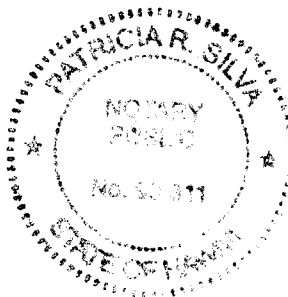
Leonard J. Mascari

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s)
is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in
his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the
entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal.



Notary Public

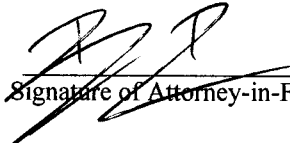
My commission expires on 6/07/2018



Doc. Date: 1/04/17 # Pages 3
Notary Name: Patricia R. Silva Third Circuit
Doc. Description Motion For Order
Releasing Unclaimed Funds
Patricia R. Silva 1/04/17
Notary Signature Date

Motion for Order Releasing Unclaimed Funds – Page 4

| | |
|---|---|
| In Re: Coastal Brokerage Company of Southern California Debtor. | CHAPTER 7 CASE NUMBER: 2:14-16251-RN |
|---|---|



Signature of Attorney-in-Fact

Brian J. Dilks, Managing Member
Type or Print Name

Dilks & Knopik, LLC
Address

35308 SE Center Street

Snoqualmie, WA 98065-9216

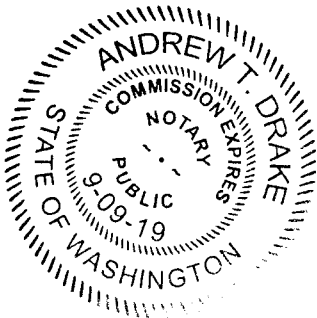
STATE OF WASHINGTON, COUNTY OF KING

On January 10, 2017 before me, appeared Brian J. Dilks personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal.



Andrew T. Drake - Notary Public
My commission expires on September 9, 2019

(SEAL)



Presented by:

Motion for Order Releasing Unclaimed Funds – Page 5

| | |
|---|---|
| In Re: Coastal Brokerage Company of Southern California Debtor. | CHAPTER 7 CASE NUMBER: 2:14-16251-RN |
|---|---|

PROOF OF SERVICE

I hereby certify under penalty of perjury under the laws of the United States of America that on January 10, 2017 I mailed in a sealed envelope, with postage thereon fully prepaid, a fully completed true and correct copy of the document described as “Motion for Order Releasing Unclaimed Funds” to the United States Attorney, United States Trustee, and other persons and entities to be served by Local Bankruptcy Rule 3011-1(b) and addressed as follows:

Rosendo Gonzalez (TR)
Case Trustee
530 S. Hewitt Street, Suite 148
Los Angeles, CA 90013

United States Trustee's Office
725 South Figueroa
26th Floor
Los Angeles, CA 90017

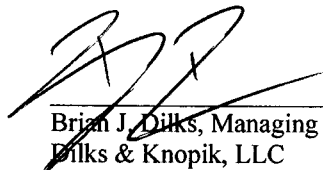
Coastal Brokerage Company of Southern California
Debtor
925 S Hooper Avenue
Los Angeles, CA 90021

Jeffrey N Wishman
Debtor Attorney
1055 Wilshire Blvd, Suite 1900
Los Angeles, CA 90017

Leonard J. Mascari, successor in interest to Coastal
Brokerage Company of Southern California
PO Box 190
Kailua Kona, HI 96745-0190

United States Attorney
312 North Spring Street
Los Angeles, CA 90012

Date: January 10, 2017



Brian J. Dilks, Managing Member
Dilks & Knopik, LLC
35308 SE Center Street
Snoqualmie, WA 98065-9216
425-836-5728

IN THE U.S. BANKRUPTCY COURT
FOR THE CENTRAL DISTRICT OF CALIFORNIA

Debtor:

Coastal Brokerage Company of Southern
California

NO: 2:14-16251-RN

DECLARATION OF BRIAN J DILKS in
SUPPORT OF THE APPLICATION FOR
UNCLAIMED FUNDS

DECLARATION

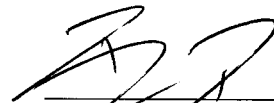
The undersigned hereby declares under penalty of perjury under the laws of the United States that the following is true and correct to the best of the undersigned's knowledge:

1. I am at least 18 years of age and competent to make this declaration in support of the application for unclaimed funds made to this court on behalf of Leonard J. Mascari, successor in interest to Coastal Brokerage Company of Southern California;
2. I have personal knowledge of the present application for unclaimed funds and attested to;
3. I am employed by Dilks and Knopik, LLC as its Managing Member and President in charge of Unclaimed Funds;
4. Dilks & Knopik, LLC is a Washington Limited Liability Company, and is one of the country's leading companies helping individuals and entities recover unclaimed property;
5. Dilks and Knopik, LLC has been in business since 2002, and has an A+ rating with the Better Business Bureau;
6. Dilks and Knopik, LLC strives to ensure the accuracy of fund ownership, and is insured against errors or omissions in the recovery process;

7. Before submitting any application Dilks and Knopik, LLC makes all reasonable efforts to ensure that our client is the person or entity to whom the unclaimed property is owed;
8. Our practice is to distribute our client's share of any proceeds to the client within 5 business day(s) after they are received from the Court Clerk;
9. For our services, we charge a nominal percentage of the total value of the unclaimed property in accordance and compliance with jurisdictional requirements;
10. Based on information and belief, all supporting documentation submitted with the application are true and correct copies of the original.

Signed at Snoqualmie, Washington this 9 day of January, 2017

Dilks & Knopik, LLC



Brian J Dilks

President – Managing Member

UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA

RE: Coastal Brokerage Company of
Southern California

Debtor(s)

Case: 2:14-16251-RN

**AUTHORITY TO ACT
Limited Power of Attorney
LIMITED TO ONE TRANSACTION**

USED ONLY TO COLLECT FUNDS FROM THE ABOVE REFERENCED CASE

1. **Leonard J. Mascari, successor in interest to Coastal Brokerage Company of Southern California** ("CLIENT"), appoints **Dilks & Knopik, LLC** ("D&K"), as its lawful attorney in fact for the limited purpose of recovering, receiving and obtaining information pertaining to the outstanding tender of funds in the amount of **\$13,939.59** (the "FUNDS"), including the right to collect on CLIENT's behalf any such funds that are held by a governmental agency or authority.
2. CLIENT grants to D&K the authority to do all things legally permissible and reasonably necessary to recover or obtain the FUNDS held by the governmental agency or authority. This limited authority includes the right to receive all communications from the governmental agency or authority and to deposit checks payable to CLIENT for distribution of the FUNDS to CLIENT, less the fee payable to D&K pursuant to and in accordance with its agreement with CLIENT.
3. D&K may not make any expenditure or incur any costs or fees on behalf of CLIENT without CLIENT's prior written consent.
4. This Authority to Act shall become effective on the below signed date and shall expire upon collection of the aforementioned FUNDS. I authorize the use of a photocopy of this Limited Power of Attorney in lieu of the original.

Leonard J. Mascari

Date

Tax ID: XXX-XX-

ACKNOWLEDGMENT

STATE OF Hawaii

COUNTY OF Hawaii

On this 4th day of January, 2017, before me, the undersigned Notary Public in and for the said County and State, personally appeared (name) Leonard J. Mascari, successor in interest to Coastal Brokerage Company of Southern California known to me to be the person described in and who executed the foregoing instrument, and who acknowledged to me that (circle one) he/she did so freely and voluntarily and for the uses and purposes therein mentioned.

WITNESS my hand and official seal.

NOTARY PUBLIC

Residing at

My Commission expires

Doc. Date:

Notary Name: Patricia R. Silva

Doc. Description

Notary Signature

Pages 1

Third Circuit

Authority To Act

Limited Power of Attorney

Patricia R. Silva 1/04/17

Date

| United States Bankruptcy Court Central District of California | | | | Voluntary Petition | |
|--|--|--|--|---|-------------------------------------|
| Name of Debtor (if individual, enter Last, First, Middle): Coastal Brokerage Company Of Southern California | | | Name of Joint Debtor (Spouse) (Last, First, Middle): | | |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): | | | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): | | |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all): 95-3341783 | | | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all): | | |
| Street Address of Debtor (No. & Street, City, State & Zip Code): 925 S Hooper Avenue Los Angeles, CA | | | Street Address of Joint Debtor (No. & Street, City, State & Zip Code): | | |
| ZIPCODE 90021 | | | ZIPCODE | | |
| County of Residence or of the Principal Place of Business: Los Angeles | | | County of Residence or of the Principal Place of Business: | | |
| Mailing Address of Debtor (if different from street address): PO Box 78400 Los Angeles, CA | | | Mailing Address of Joint Debtor (if different from street address): | | |
| ZIPCODE 90016 | | | ZIPCODE | | |
| Location of Principal Assets of Business Debtor (if different from street address above): | | | | | |
| ZIPCODE | | | | | |
| Type of Debtor (Form of Organization) (Check one box.) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) Chapter 15 Debtor Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending: | | Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code). | | Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box.) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input checked="" type="checkbox"/> Debts are primarily business debts. | |
| Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B. | | Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b). | | | |
| Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. | | | | | THIS SPACE IS FOR COURT USE ONLY |
| Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000 | | | | | |
| Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion | | | | | |
| Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion | | | | | |

NAME AND ADDRESS

Kurt Manglos

PO Box 18803

Anaheim Hills, CA 92817-0000

Main Document Page 31 of 40

DATES SERVICES RENDERED

Approx. 2000 to date

None ☒ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

None ☒ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

None ☒ d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within the **two years** immediately preceding the commencement of this case.

20. Inventories

None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

| DATE OF INVENTORY | INVENTORY SUPERVISOR | DOLLAR AMOUNT OF INVENTORY (Specify cost, market, or other basis) |
|-------------------|------------------------------------|--|
| 03/12/2014 | Jose Melara - Warehouse Supervisor | \$3,520.00 Market Value |
| 03/11/2014 | Jose Melara - Warehouse Supervisor | \$4,840.00 Market Value |

None ☒ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

21. Current Partners, Officers, Directors and Shareholders

None ☒ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS
Leonard J Mascari
PO Box 78400
Los Angeles, CA 90016-0000

TITLE
President

NATURE AND PERCENTAGE
OF STOCK OWNERSHIP
100%

Susan Hurd
11 Dewberry
Rancho Santa Margarita, CA 92688-0000

Secretary

0.00

Florence Hunt
2037 Coldwater Lane
Lincoln, CA 95648-0000

Treasurer

0.00

22. Former partners, officers, directors and shareholders

None ☒ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

None ☒ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

23. Withdrawals from a partnership or distributions by a corporation

None ☒ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

24. Tax Consolidation Group

None ☒ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

Exhibit A

State of California
Secretary of State



E-626938

FILED

In the office of the Secretary of
State of the State of California

STATEMENT OF INFORMATION
(Domestic Stock and Agricultural Cooperative Corporations)

Sep - 19 2008

FEES (Filing and Disclosure): \$25.00. If amendment, see instructions.

This Space For Filing Use Only

IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. CORPORATE NAME (Please do not alter if name is preprinted.)

C1328661
COASTAL BROKERAGE COMPANY OF SOUTHERN CALIFORNIA
COASTAL BROKERAGE CO.
925 S. HOOPER AVE.
LOS ANGESES CA 90021

S

DUE DATE:

COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 2 and 3 cannot be P.O. Boxes.)

2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE CITY STATE ZIP CODE
925 S. HOOPER AVE. LOS ANGESES CA 90021

3. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY CITY STATE ZIP CODE
925 S. HOOPER AVE. LOS ANGELES CA 90021

4. MAILING ADDRESS OF THE CORPORATION, IF DIFFERENT THAN ITEM 2 CITY STATE ZIP CODE
COASTAL BROKERAGE CO. 925 S. HOOPER AVE. LOS ANGESES CA 90021

NAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICERS (The corporation must have these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

5. CHIEF EXECUTIVE OFFICER/ ADDRESS CITY STATE ZIP CODE
LEONARD J. MASCARI P.O. BOX 10546 COSTA MESA, CA 92627

6. SECRETARY/ ADDRESS CITY STATE ZIP CODE
SUSAN J. HURD 28312 PUEBLO DR. TRABUCO CANYON, CA 92679

7. CHIEF FINANCIAL OFFICER/ ADDRESS CITY STATE ZIP CODE
FLORENCE R. HUNT 2037 COLDWATER LANE LINCOLN CA 95648

NAMES AND COMPLETE ADDRESSES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS (The corporation must have at least one director. Attach additional pages, if necessary.)

8. NAME ADDRESS CITY STATE ZIP CODE
LEONARD J. MASCARI P.O. BOX 10546 COSTA MESA, CA 92627

9. NAME ADDRESS CITY STATE ZIP CODE

10. NAME ADDRESS CITY STATE ZIP CODE

11. NUMBER OF VACANCIES ON THE BOARD OF DIRECTIONS, IF ANY:

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California street address (a P.O.Box address is not acceptable). If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 13 must be left blank.)

12. NAME OF AGENT FOR SERVICE OF PROCESS

LEONARD J. MASCARI

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE
925 HOOPER AVE. LOS ANGELES, CA 90021

TYPE OF BUSINESS

14. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION
PRODUCE BROKERAGE

15. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

09/19/2008

LEONARD JOSEPH MASCARI

PRESIDENT

DATE

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

TITLE

SIGNATURE

Exhibit B



State of California
Secretary of State

S

E-K07286

FILED

In the office of the Secretary of State
of the State of California

Mar - 14 2012

This Space For Filing Use Only

Statement of Information

(Domestic Stock and Agricultural Cooperative Corporations)

FEES (Filing and Disclosure): \$25.00. If amendment, see instructions.

IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. CORPORATE NAME

C1328661

COASTAL BROKERAGE COMPANY OF SOUTHERN CALIFORNIA

925 S. HOOPER AVE.

LOS ANGESES, CA 90021

Due Date:

No Change Statement (Not applicable if agent address of record is a P.O. Box address. See instructions.)

- 2 ☒ If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to **Item 16**.
- If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement has been previously filed, this form must be completed in its entirety.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 3 and 4 cannot be P.O. Boxes.)

| | CITY | STATE | ZIP CODE |
|---|------|-------|----------|
| 3 STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE | | | |
| 4 STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY | | CA | |
| 5. MAILING ADDRESS OF THE CORPORATION, IF DIFFERENT THAN ITEM 3 | | | |

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

| | ADDRESS | CITY | STATE | ZIP CODE |
|-----------------------------|---------|------|-------|----------|
| 6. CHIEF EXECUTIVE OFFICER/ | | | | |
| 7 SECRETARY | | | | |
| 8 CHIEF FINANCIAL OFFICER/ | | | | |

Names and Complete Addresses of All Directors, Including Directors Who are Also Officers (The corporation must have at least one director. Attach additional pages, if necessary.)

| | ADDRESS | CITY | STATE | ZIP CODE |
|----------|---------|------|-------|----------|
| 9 NAME | | | | |
| 10. NAME | | | | |
| 11. NAME | | | | |

12. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:

Agent for Service of Process (If the agent is an individual, the agent must reside in California and Item 14 must be completed with a California street address (a P.O. Box address is not acceptable). If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 14 must be left blank.)

13. NAME OF AGENT FOR SERVICE OF PROCESS

| | CITY | STATE | ZIP CODE |
|---|------|-------|----------|
| 14. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL | | CA | |

Type of Business

15. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION

16. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

03/14/2012

DATE

LEONARD JOSEPH MASCARI

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

PRESIDENT

TITLE

SIGNATURE

Exhibit B



Alex Padilla
California Secretary of State

Business Search - Entity Detail

The California Business Search is updated daily and reflects work processed through Monday, January 9, 2017. Please refer to document **Processing Times** for the received dates of filings currently being processed. The data provided is not a complete or certified record of an entity. Not all images are available online.

C1328661 COASTAL BROKERAGE COMPANY OF SOUTHERN CALIFORNIA

Registration Date: 01/15/1985
Jurisdiction: CALIFORNIA
Entity Type: DOMESTIC STOCK
Status: SOS SUSPENDED
Agent for Service of Process: LEONARD J. MASCARI
925 HOOPER AVE.
LOS ANGELES CA 90021
Entity Address: 925 S. HOOPER AVE.
LOS ANGESES CA 90021
Entity Mailing Address: 925 S. HOOPER AVE.
LOS ANGESES CA 90021

| Document Type |  File Date |  PDF |
|---------------|---|---|
| SI-NO CHANGE | 03/14/2012 | |
| SI-COMPLETE | 09/19/2008 | |

* Indicates the information is not contained in the California Secretary of State's database.

- If the status of the corporation is "Surrender," the agent for service of process is automatically revoked. Please refer to California Corporations Code **section 2114** for information relating to service upon corporations that have surrendered.
- For information on checking or reserving a name, refer to **Name Availability**.
- If the image of a Statement of Information is not available online, for information on ordering a copy of that statement refer to **Information Requests**.
- For information on ordering certificates, status reports, certified copies of documents and copies of documents not currently available in the Business Search such as a filing that is not a Statement of Information or filings for other types of business entities, or to request a more extensive search for records, refer to **Information Requests**.
- For help with searching an entity name, refer to **Search Tips**.

Exhibit B